

2014-5894

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60429197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/29/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASCADE BEHAVIORAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>12844 MILITARY ROAD SOUTH TUKWILA, WA 98168</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	<p><b>INITIAL COMMENTS</b></p> <p>This State Psychiatric Hospital investigation survey was completed in response to case/complaint #49364/2014-5894 completed on August 29, 2014 by Lori Daisley, MBA, RN, FACHE.</p> <p>There was one deficiency related to Chapter 246-322-120(4) found pertinent to this complaint. The deficiency was corrected at the time of investigation and no Plan of Correction is required.</p> <p>Shell# OK4611</p>	L 000			
L 795	<p><b>322-120.4 VENTILATION</b></p> <p>WAC 246-322-120 Physical Environment. The licensee shall: (4) Provide natural or mechanical ventilation sufficient to remove odors, smoke, excessive heat and condensation from all habitable rooms; This Washington Administrative Code is not met as evidenced by: Based on interviews, the hospital failed to provide ventilation sufficient to remove excessive heat from the patient rooms. Failure to provide habitable rooms places the patients at risk for heat exposure.</p> <p>Findings include:</p> <p>The investigator contacted the hospital's Chief Executive Officer (CEO) on Monday, July 14, 2014 to ascertain the status of the ventilation system. The CEO stated that on Friday, July 11, 2014, the south unit had temperature readings at 80 degrees and therefore the decision was made to transfer the patients to the north unit. The</p>	L 795			

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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L 795	Continued From page 1  HVAC contractors began working on the system on July 11, 2014 and continued until all repairs were completed. The CEO states that s/he was a week too late in resolving the HVAC issues. No untoward patient outcomes were reported.	L 795			